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SERIES OF GENERAL REMEDIES APPLICABLE IN DISEASES OF THE UTERUS.

FROM M. LISFRANC'S LECTURES.

LET us suppose that the physician has been called upon in sufficient time to be useful; whatever affection he may discover by aid of the speculum or the toucher, there is a certain series of general remedies applicable to all, the value of which we shall now examine separately. Thus, when the disease is acute, we have baths, repose, injections, clysters, bloodletting, cataplasms, drinks, and regimen. In chronic cases we have blisters, cupping-glasses, douches, excretories, and compression. Of these I shall now speak.

Baths.—The greater number of physicians prescribe emollient hip-baths even in acute affections of the uterus; I reject them in every case, as the greatest absurdity which can be committed in therapeutics. What! do we prescribe a foot-bath in headache in order to draw the blood towards the lower part of the body? and in an affection of the pelvic organs, should we not hesitate to attract the blood towards the pelvis? Yet such is evidently the effect produced by hip-baths, as is proved by their influence in bringing on menstruation when arrested. But laying aside theory, let us consult experience. Almost always after a hip-bath the patient complains of greater pain and more weight about the pelvis. Hence I never use it, except when I wish to excite, which is quite a different thing; and I do not hesitate to affirm, that a single hip-bath prescribed according to the common and prevailing views, is sufficient to destroy any good effect which may have been produced by any previous treatment, however well directed. Baths in which the whole body is immersed, either warm, or at a temperature agreeable to the feelings of the patient, are the only ones applicable to uterine disease. Simple water is sufficient; the emollient decoctions and gelatine, which are often added, only increase the expense without presenting any advantage. The woman should remain in the bath two, three, four, five, or even six hours consecutively. If she remain only half an hour or an hour, the bath becomes rather a means of excitement. In fact, if we examine the pulse on entering a bath, and examine it again some time afterwards, we shall almost invariably find it increased in force and frequency. Respiration becomes accelerated with the pulse, the cutaneous exhalation is augmented, the head feels heavy, and a desire to sleep is experienced; prolong the bath, and this state of excitement gives way to one of calm, constituting, if we may so express it, the antiphlogistic period of the bath. It is, therefore, absolutely necessary to prolong the bath for a

considerable period, to avoid *ennui*; however, we may order one of three hours' duration for the morning, and another of similar length in the evening. But in some cases the use of a bath, however prolonged, irritates the nerves, and some women feel a disposition to faint the moment they enter one. We may pay attention to these peculiarities of constitution, and either diminish the number and duration of the baths, or abstain altogether from their employment.

Injections.—The nature of injections employed, varies according to that of the disease; they are made of emollient, astringent, detergent substances, or a solution of chloride of lime may be used in cases of fetid cancer. The liquid should not be too hot lest it cause congestion, or too cold for fear of reaction. To throw up the injection I generally prefer a middle-sized syringe, armed with a gum-elastic canula, about the size of the little finger, and previously oiled. In order to obtain the greatest possible advantage from injections, the vagina should first be cleaned out with a common injection; the woman should then be placed in a supine position, with the pelvis somewhat raised, so as to form an angle of 35 or 30 degrees with the horizon; by this means the vagina represents an inclined plane, the lowest point of which touches the neck of the uterus. The canula should be introduced into the vagina to the depth of an inch or eighteen lines, or even less in cases of prolapsus, to avoid striking the end of the instrument against the neck of the uterus, and the handle of the syringe pushed forward with extreme slowness. The vagina usually contains five or six spoonfuls of liquid, which accumulates round the neck of the uterus, as the most depending point, and there forms a kind of local bath, which may be applied ten minutes for the first time, and afterwards for a quarter of an hour. The injection may be repeated three or four times a day. In some cases the external orifice of the vagina will close round the tube, so as to prevent completely the return of the fluid. Here we should avoid pushing the injection too strongly, lest it increase still further the reaction of the canal. Injections may also be administered with great advantage while the woman is in a bath, and then the supine posture is not necessary, for the pressure of the water opposes a sufficient obstacle to the escape of the injection. In spite of these precautions, there are some women who suffer a great deal whenever injections are thrown up the vagina; the introduction of the tube is painful, or the vagina contracts on the liquid, and does not keep the slightest quantity. These symptoms are most frequently seen a few days before and after menstruation, but we must still employ the injections, unless contra-indicated by the excessive suffering which they may produce. The entrance of the vagina will become accustomed to the tube, but it may be prudent to throw them up less frequently as long as this state of irritation lasts. Some patients complain of injections rendering their condition worse; but the practitioner will do well to assure himself that it is not dislike to the operation which produces these complaints before he determine on discontinuing so useful a remedy.

Lotions to the Vulva.—The vagina may in some cases be filled up with vegetations, which are very irritable, and bleed on the least contact. Here injections should be replaced by the use of lotions to the vulva.

The labia majora are to be gently separated, and a sponge steeped in some medicated fluid should be applied to the orifice of the vagina, avoiding every kind of pressure or friction in applying or withdrawing the sponge.

Cataplasms to the Vagina.—We have been recommended to pass into the vagina cataplasms nearly in a liquid state, and I have praised this means myself, trusting too much to the account of those who affirmed they had derived great advantage from its employment; but I have long since renounced cataplasms applied in this way, for the following reasons. In the first place, women have a great dislike to them; besides, injections when retained for ten minutes or more, are just as efficacious. But my chief objection is, that we cannot completely remove the cataplasm from the vagina when its office is done; though I have vainly forbidden their use, for two or three days before the application of the speculum, and the evening before have thrown up numerous injections, there always remained some remnant of the cataplasm, which I was compelled to remove with the forceps. Finally, if a cataplasm applied to the skin ferments in a few hours, what must be the case in the vagina where the temperature is higher, and where various secretions must further give rise to decomposition? An old practice has been recently revived and much praised, which consists in introducing, by the aid of a speculum, a bit of lint, moistened in some medicated fluid, and placing it near the neck of the uterus. I do not presume to contradict the success said to be obtained by this means. About eight or nine years ago I made some experiments with the lint, and in almost every case it gave rise to so much irritation and pain, that I was very glad to remove it as quickly as possible.

Irrigation.—Irrigations are more active than simple injections, but less so than affusions; we, therefore, employ them whenever the irritation is too great to permit the use of the latter. The effect of an irrigation may be produced by throwing up eight or ten injections quickly, one after the other; but, as the reintroduction of the tube might be painful, it is much better to make use of a large syringe, and inject a large quantity, gently, twice a day.

Affusions.—These are a powerful resolvent, and an energetic stimulant. They should never be employed, except when the disease has passed to the chronic stage, and no pain exists. The effect of affusion would be highly dangerous in cases of inflammation or sub-inflammation. Affusion may be administered at the patient's residence, either with the ingenious apparatus of MM. Charriere and Deleuil, or by placing a large vessel filled with water at some distance above the patient's head, and joining to it a flexible tube. The jet of water will of course be the stronger in proportion to the elevation of the vessel. Affusions are either simple or medicated, irrigatory, or in form of a jet, ascending, descending, or horizontal. They may be directed round the pelvis, or into the vagina, even as far as the os uteri; in the latter case the tube should be introduced with the same care as for injection. Affusions are commonly administered nearly cold, at first irrigatory and directed upward, in order to render the jet more easily supported and less violent. We may commence by a fall of three feet, then four, or six, measuring the force by

the effect produced. One a day is sufficient to begin with, after which we may give two, three, or even more. If the woman feels some heat and pain after the affusion, which disappear in five or six minutes, the excitement has been carried to the proper degree, and the remedy may be continued; but should the pain continue for a longer time, it is a proof that the disease is still in an acute stage, and we must have recourse to more mild measures.

Lavements.—These should be administered every now and then, so as to keep the bowels properly free. Constipation is doubly injurious, both as producing a painful pressure on the uterus, and on account of the efforts which the patient is compelled to make whenever she goes to stool. It may be asked, why would not laxatives, administered by the mouth, fulfil the same object? The reason is this: in affections of the uterus, it is a matter of the greatest importance not to irritate the digestive organs, and experience has convinced me that lavements are in this respect absolutely necessary.

Narcotics.—These are often useful in calming those violent nervous pains which so frequently accompany affections of the uterus. They may be administered by the mouth, or by friction on the perineum, groin, upper part of the thighs, or, still better, by means of a small blister, according to the endermic method; but the most efficacious way of administering them is, incontestably, by the rectum. It might appear, at first sight, more natural to inject them into the vagina; but Cullerier has observed that laudanum applied in injection to painful chancres, produced inflammation of the vagina; and experience has sufficiently proved, that narcotics are apt to give rise to nervous or inflammatory accidents when introduced into the vagina, while their effect on the system is considerably diminished. Laudanum is preferred as an internal remedy; belladonna, in the form of extract, diluted with a small quantity of water, answers for friction, and the salts of morphine to apply after blisters. A great deal has been said on the various effects produced by narcotics, according to their preparations and the constitution of the patient; and on the necessity of varying them, until a proper one has been discovered. Some women cannot support them. I am at present treating a woman in whom a quarter of a grain of belladonna in a lavement produces gaiety and drunkenness analogous to that of Champagne wine, and this lasts during the whole night. But even in those cases we must not give up the remedy; it is only necessary to administer it in a smaller dose; thus we may commence by a half-drop, or drop, of laudanum, in a clyster, and I have often seen patients in private practice quieted by this means. By degrees the constitution becomes accustomed to the remedy; the dose is augmented, and it is not rare to see individuals who had commenced by taking a fraction of a grain of opium, end by supporting one hundred grains in the twenty-four hours.

Bloodletting.—While the disease of the uterus is in an acute or subacute state, most practitioners advise local bleeding by means of leeches placed round the pelvis, and to the upper and inner part of the thighs, or especially to the os uteri, by means of a speculum. This question of local bloodletting is very important, and does not appear to me to be well understood. In most cases, when I am called into town for affec-

tions of this kind, I find that leeches have been applied by the physician in attendance. If we question the patient with care, twenty to one but she has suffered more uneasiness, heat, and weight, about the pelvis, since the leeches were applied. I was called a few days ago to see a female to whom thirty leeches had been applied. Although they had drawn a good deal of blood, they were succeeded by excessive pain, and even by convulsions. A few rare cases of success cannot be allowed to influence us in favor of leeches, the good effects sometimes produced by which are only exceptions to the general rule. Four or five years back, being desirous to throw some light on this question by direct experiment, I made numerous trials of local and general bloodletting in this hospital. Ten women were treated by abstraction of blood from the arm, ten others by the application of leeches to the vagina; the former were invariably more improved than the latter, who seemed to suffer rather than to be benefited by the local bleeding. These experiments were repeated on a great number of patients, and my conviction on the matter is complete. Besides, the result accords well with theory. Is it not a principle of the physiological school, that leeches are proper for membranous inflammations, and general bleeding for parenchymatous ones? Local bleeding, however copious, determines new congestions toward parenchymatous organs. In the case of several females affected with scirrhous tumors of the breast, M. Costen has seen the application of leeches produce pulmonary congestion, with palpitation of the heart similar to that of aneurism; these symptoms were removed by a bleeding from the foot. M. Margat has observed cerebral congestion brought on by the application of leeches to white swellings of the superior extremities, which were equally dissipated by a bleeding from the feet, a proof that the accident depended on sanguineous congestion, and not on simple nervous irritation. Similar facts have been observed in this hospital, and the womb, more than any other viscus, already accustomed to periodic congestions, is subject to become engorged on the least irritation. But it may be asked, have leeches, applied about the pelvis, really this effect? Every practitioner knows, that the best means of bringing on menstruation, is to apply frequently a small number of leeches to the vagina, and not to permit the orifices to bleed. Hence, if we hope to produce any antiphlogistic effect by leeches, they must be applied in very great numbers, and should be preceded by at least one general bleeding; however, if they be applied near the pelvis, there will always remain more or less congestion of the uterus. But, say they, the leeches may be applied to the neck of the uterus; yet this is a point where their number cannot be increased according to the will, and should we succeed in applying twenty, which is a great deal, the blood drawn away will not be sufficient to dissipate the afflux of fluids towards the organ. For my part I reject the use of leeches in every case of uterine affection, whether acute or sub-acute. The only circumstances which induce me to depart from this rule are—1st. When a peritonitis co-exists with the inflammation of the womb, because leeches are positively indicated when inflammation attacks a membranous tissue; 2nd. When the inflammation has passed to a chronic state; but here we prescribe them, not as an antiphlogistic, but to excite and resolve. Yet, even here, there may be an

exception; for, whenever the neck of the uterus seems to be affected with scirrhus, we avoid applying leeches, at least immediately to it; experience having too often taught us that the bites are easily changed into as many cancerous ulcerations; the same phenomenon is observed when the skin adheres to a scirrhous breast, and when leeches are applied to it. The ancients had therefore just grounds for preferring bleeding from the arm in cases of uterine irritation. It disgorges the uterine vessels, with the same facility that it puts a stop to floodings; while local bleeding, on the contrary, augments them. This fact is so well known, that physicians who do not hesitate to prescribe leeches with so much confidence for simple uterine congestion, do not dare to apply them when such congestion is accompanied by hemorrhage, for fear of increasing it, which proves how little their reasoning is supported by general facts. For my part I confine my practice to bleeding from the arm, avoiding to take away blood seven or eight days before the menstrual period, lest it may interfere with that function; but after the cessation of the discharge, if any pain remain, or any weight about the pelvis, indicating a persistence of uterine congestion, a revulsive bleeding practised twenty-three hours after the stoppage of the catamenia often dissipates the pain like a charm, particularly if we employ with it an anodyne lavement. Should the pain precede menstruation, instead of coming on after it, we must wait until the middle of the month. When it is altogether independent of menstruation, appearing during the intervals of the discharge, bloodletting may be repeated two or three times during the month. The state of weakness depending in most cases on the pain which deprives the patient of sleep and appetite, far from being a contra-indication, requires more essentially the remedy of which we speak. There are, however, certain peculiarities of constitution which compel us to modify these principles. Thus, in treating, in a former lecture, of the means proper to bring on menstruation, we noticed that when a woman is strong, venesection will induce the catamenia almost at once; in other cases a revulsive bleeding brings on flooding. I have lately seen an example of the latter, produced by an abstraction of four ounces of blood. These are undoubtedly rare exceptions, but we should not lose sight of them. In such cases, general, and, *a fortiori*, local, bleeding should be avoided. Some females, essentially nervous, cannot support bleeding, without suffering various unpleasant nervous accidents. Here the quantity of blood taken away may be diminished to a very few ounces, and this precaution sometimes succeeds; but should the same accidents occur, we must give up the idea of bleeding altogether. If we except these cases, venesection, aided by narcotics, is the surest means of calming and removing the pain. This idea is not new. Stahl had long ago remarked, that in cases of cancer, the patient experienced a marked amelioration whenever the veins gave way. You have often seen me, gentlemen, prescribe bleeding to twenty women at the same time, in this hospital; fifteen of them, at least, are benefited; the pains disappear for a longer or shorter period, unless some foreign influence, as a moral affection, or a change of atmosphere, interrupt the action of the remedy. In this very ward we have supported a woman for ten years who was affected with a very dangerous uterine disease, not so much by employing narcotics as by re-

pested small bleedings, varying from two to six ounces, according to the strength of the patient. When the disorganization of the uterus is very far advanced, and accompanied by the discharge of cancerous matter, the quantity of blood drawn should be very small, in order to avoid the danger of facilitating its absorption. If the patient be very feeble, if we remark any symptoms of indifference, a tendency to sleep, or stupidity, in a word, if adynamia exist, we must avoid employing venesection altogether, as a means which can only hasten the fate of the patient.

Employment of Cupping-Glasses, Blisters, &c.—The observations which have been made upon local bleeding apply equally to these means of cure; when employed in the acute stage, they are more likely to favor congestion than to bring relief: all similar remedies are subject to the same objection, and should never be applied except in the chronic stage, either to dissipate a simple congestion, unaccompanied with pain, or to excite the vital properties of the indurated tissue. For this latter purpose a seton may be drawn through the abdominal parietes, a little inside the anterior-superior spine of the ileum, or a moxa or cautery applied to the lateral and inferior parts of the spinal column: but in some nervous women the general irritation which they produce counterbalances the advantages otherwise resulting from them.

Compression—is an advantageous means, but difficult to manage, and requires a perfect appreciation of its indications. A pessary, or *bilboquet*, into which the neck of the uterus descends, and becomes compressed, has been recommended for chronic engorgement of the uterus. But we should be well convinced that there exists no irritation of the vagina, bladder, or uterus, which would be aggravated by the presence of the foreign body. We may lay it down as a general rule, that when any pain exists, compression should be avoided; or if the pessary when applied excites fever and pain, it should be removed at once.

Medicated Drinks, &c.—In the acute stage of uterine affections, we prescribe emollient drinks in abundance: during the chronic stage, decoctions of soap-wort, dock, or scabiosa-vulgaris, or the expressed juices of these plants may be used if the digestive organs will bear them. We may also have recourse to iodine in these cases with advantage, to cicuta and other similar preparations; but we should watch over the state of the digestive organs with the greatest care, for frequently there exists, with the disease of the uterus, a gastro-enterite, sometimes latent, or sometimes so pronounced that it diverts the attention of the physician from the principal malady. In these cases resolvents are dangerous remedies. How often have patients laboring under incurable disease, but who might have lived for a long time in tranquillity, fallen victims to active preparations administered by empirics! I have so great a dread of this complication with gastro-enterite, that I do not dare to administer laxatives by the mouth. There is less danger in employing discutient frictions with the hydriodate of potash, mercurial ointment, &c.; but we should always wait for the chronic period, lest the inflammation may be increased. Finally, a word on cicuta. It is employed as a narcotic and discutient, and the extract generally is preferred. But there is no remedy so impure: most apothecaries, in preparing these extracts, carbonize the material and render it useless; I therefore prefer the powder, giving

at first a grain, then two after fifteen days, and gradually augmenting the dose to four or five grains. Sometimes it occasions a little pain in the throat and some diarrhœa; on the appearance of these symptoms, it should be suspended at once, and all our care directed to prevent gastro-enterite from being developed.—*London Lancet.*

CLASSIFICATION OF CUTANEOUS DISEASES.

Systematic works on diseases of the skin and of the corporeal superficies are of modern origin. The observations of the Greek, Latin, and Arabic writers on the subject were very incomplete, and were dispersed at random through their works. No attempts at a regular arrangement of these affections can, consequently, be detected in the productions of the ancients, or even for a long while after the revival of letters. In 1630, Hafenreffer published a book, in which he professed to treat of all diseases incident to the skin and sub-adherent parts. He sorted together those diseases which had the most striking analogy, such as wounds, ulcers, fistulæ, &c. In 1633 Mercurialis wrote "De Morbis Cutaneis," and divided these affections into two principal classes, according as they interested the head, or were developed indiscriminately on other regions of the body. It was common in France to designate under the name of "teignes" all chronic inflammations of the hairy scalp, and under that of "dartres" all chronic inflammations and several acute diseases of the face, the trunk, and the limbs. The defects of such a classification are obvious. Amongst other inconsistencies, the same affection has been classed as two diseases, as it has affected the *head*, or other regions of the body. This principle of classification was adopted by Turner in 1736; this author proposed a secondary distinction of these diseases, according as they were produced by internal or external causes, a principle which was adopted as a basis in Lorry's work. The arrangement can hardly be considered as an improvement, for the etiology of cutaneous maladies is too obscure to serve as the basis of their classification. In 1766, Planck, abandoning the futile distinctions of his predecessors, adopted the *external characters* of cutaneous diseases as the foundation of his arrangement. This classification, though much superior to all that had been published before, was not exempt from imperfections. The idea of Planck, however, was good, and was taken by Willan for the basis of his work, dividing it into seven orders—*Papulæ*, *Squamæ*, *Exanthemata*, *Bullæ*, *Vesiculæ*, *Pustulæ*, *Tubercula*, *Maculæ*. Generally speaking, the diseases which compose each of these orders have the most striking analogy. There are several incongruities, however, in Willan's [illegible] of diseases. This classification of Willan was faithfully copied by Bateman and Gomez. Coeval with the labors of Willan in England were the researches of Alibert in France, who, in 1806, published his ostentatious work "*Sur les Maladies de la Peau*," the graphic part of which was splendidly executed. In consequence of the war, which interrupted the intercourse of this kingdom with the continent, this author became the sole authority amongst his countrymen in this department of pathology. It was, howe-

ever, charged against the classification of Baron Alibert, that it was founded on loose analogies, which afforded nothing definite for the mind of the student to rest upon, while the enormous expense of the plates placed the book beyond the reach of many readers. When Willan's volume, therefore, reached the continent, the greater apparent simplicity and certainty of his plan made it highly popular, and it soon supplanted Alibert's voluminous fasciculi.

In Italy, Chiarugi adopted a system of classification analogous to, though less perfect than, that of Plenck and Willan. These last authors, by their arrangements, founded on the external characters of diseases of the skin, had the merit of rendering the descriptions more exact, but they had also the disadvantage of *separating* diseases, which, by their nature, ought to be *collated*, and of uniting others which ought to be apart. Retz has divided the diseases of the skin into two grand sections, according as they take an *acute* or a *chronic* form; and J. Frank proposed two great divisions, viz. *essential* and *symptomatic* cutaneous diseases.

Dr. Rayer considers the classification of Willan as the most accurate and methodical, and has chosen it as the starting point for his own work. "Willan," says he, "confines himself to the consideration of the external appearances of cutaneous diseases, while I have taken as my basis the conformation, structure, and phenomena, of these alterations. By studying them, thus, under an anatomical and physiological point of view, it becomes easier to appreciate their nature, often left undetermined by Willan, and to avoid some false relations which disparage his classification." It is satisfactory to observe the candor of the former author, in admitting his obligations to our great cutaneous pathologist, whose descriptions he declares to be most commonly correct.

Rayer first marshals his conscripts into four very unequal classes:—1. Diseases of the skin. 2. Alterations of the appendages of the skin. 3. Foreign bodies observed on the surface, or in the substance of the skin. 4. Diseases primarily foreign to the skin, but which sometimes produce peculiar alterations in that membrane.

1. The first class is subdivided into six orders. 1st. Inflammations of the skin:—*a*. Exanthematous; *b*. Bullous; *c*. Vesiculous; *d*. Pustulous; *e*. Furunculous; *f*. Papulous; *g*. Tuberculous; *h*. Squamous; *i*. Linear; *k*. Gangrenous; *l*. Multiform. The second class contains cutaneous and subcutaneous hemorrhages. The third contains neuroses of the skin. The fourth, alterations in the color of the skin. The fifth, morbid secretions; and the sixth, defects and redundancy of conformation. 2nd. The first subdivision of the second class includes alterations of the nails, and the matrices which produce them. The second includes alterations of the hair, and the follicles which produce them. 3rd. The foreign bodies obnoxious to a healthy condition of the common tegument are animate and inanimate. 4th. This class embraces alone the elephantiasis of the Arabs.

A careful perusal of the writings of authors who have treated of these maladies, must convince the reader that a perfectly philosophical arrangement of them is impracticable, for they form a discordant body consisting of members having closer relationships elsewhere. Cutaneous diseases

can never form a symmetrical constituent of any general nosology. But this is no sufficient reason why they should not be considered in one point of view, for practical purposes.—*Ibid.*

EMPYEMA.

Cases of Empyema, with Practical Remarks. By J. A. Allen, M.D. of Middlebury, Vermont.

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The course advised by Van Swieten, in cases of empyema, viz. not to close the external orifice till the inside of the chest has healed, is the same we generally adopt in common cases of punctured wounds, sinous ulcers, &c. Every one knows that, in such cases as these, a closure of the external orifice before, as it is commonly called, "*it has healed at the bottom*," usually results in much pain, inflammation, and a reaccumulation of matter. To avoid this inconvenience, it is, I believe, universally the practice, in such cases, to introduce a tent, or by some means to prevent the granulations from closing the external orifice till sound adhesions have formed through the extent of the suppurating surface. I know, indeed, that in common lumbar abscesses, it is regarded most safe to close the orifice, and by the use of stimulating injections, counter-irritation, and pressure, to bring the sides of the cavity into immediate contact; and by that means enable them to adhere by a healthy granulation. This course, however, is inapplicable to abscesses of the chest. In these cases, the expanded ribs prevent the use of the *important adjuvant, compression*, to such an extent as to bring the diseased surfaces into immediate contact, although nature, as we have already shown, attempts her own relief by the natural falling in of the ribs of the diseased side. For our principal remedial measures we are, therefore, restricted to the remaining methods we use in aiding the sanative efforts of the system, in common abscesses. By what kind of logic we are led to adopt a different course in an abscess of the chest from an ordinary one, is to me unaccountable. Is not an abscess here subject to the same laws as one situated in the loins, or in the thigh, or in the arm? Suppuration within the cavity of the chest is produced by the same inflammatory action, and why is not the cure to be attempted upon the same principles? One fact is better than a thousand inferences. My first, second, and ninth reported cases were evidently cured by the use of stimulating injections. Without these, we have every reason to believe each would have terminated fatally. Stimulating injections into the cavity of the chest were practised by the old physicians. By the moderns this plan has been neglected, and the success, in such cases, has diminished, or almost ceased. There is a fatal case reported by Dr. Bache in the North American Medical and Surgical Journal, Vol. IX. p. 170, in which Dr. Samuel Jackson injected into the chest of an empyema-patient three or four times a day, equal quantities of flax-seed tea and milk. What could have been the design of this practice I cannot conceive, unless it was to dilute and wash away the secretions of the thoracic cavity. For this purpose, some

of the old-fashioned detergent injections would appear to have been more appropriate. It would seem, indeed, that modern practitioners have too much fear of any article which possesses energy sufficient to overcome a morbid action in any of the delicate organs, that is, such as those of the chest and head. It is universally admitted that when pus forms under the cranium or on the surface of the brain, in such a quantity as to impair the functions of the brain, it ought to be evacuated by a perforation through the cranium:—but when a fungus cerebri forms, it must not be touched—yes, it may be compressed a little, but not much; and the patient always dies. Now to me it is unaccountable why a fungus of the brain should not be treated as a fungus of a more firmly organized texture: that is, entirely destroyed, and then prevented from rising again by moderate pressure. More than fifteen years since, I treated by excision a case of fungus cerebri successfully, which I afterwards published in Vol. VIII. of the New England Journal of Medicine and Surgery. Since that time I have not had an opportunity to test the utility of the practice, or have I seen any authenticated reported case of the kind. I have, however, since convinced myself that there is sometimes a hernia, or protrusion of the brain, when the dura mater has been broken; this I would no more remove by excision than I would a protrusion of the intestines. The fungus of the brain may arise from the brain or from the dura mater; in either case, it should, I apprehend, be removed entirely either by the knife or caustic, and managed in the same manner as fungous granulations are, which are successfully treated in other parts of the body. There is but one law in the restoration of the lesion of parts in the animal economy: and that law, I apprehend, pervades the whole system. Lesions of the brain, the lungs, the intestines, &c. are governed by the same laws in their restoration, that lesions in other parts are. Dr. Beaumont's novel case of restoration to health with an aperture through the side into the stomach, required no more surgical skill than a wound in any other part of the body. The danger, however, is always enhanced, in proportion to the importance of the organ concerned to life. Wounds, abscesses, &c. must ever be regarded proportionally dangerous, as they are situated in essential vital organs or in their contiguity. All circumstances being equal, it may be established as a fixed aphorism that an abscess, a wound, or a common fungus, requires analogous treatment, in whatever part of the system it happens to be situated. It is the particular affection, not the location, which should govern the method of cure.

7. Besides the local, general or constitutional treatment adapted to the existing state of the system will be requisite to render our remedial measures essentially serviceable. The constitutional treatment required will vary at the different periods of life, and is much modified by the patient's habits, mode of living, and by the climate in which he resides. The reciprocal influence which local and constitutional affections exert upon each other, notwithstanding the important publications of Hunter, Abernethy and others, rarely receives that close and critical attention the subject really demands.

The doctrine of sympathy, although the labors of Sir C. Bell and others, on the nervous system, have thrown immense light upon this re-

condite and interesting subject, is as yet but partially understood. We know, indeed, that such is the intimate relation of parts in the human system, that no part of the body can be very considerably disordered without occasioning some correspondent derangement in some other parts of the system; that the intensity of the sympathetic affection will ordinarily be somewhat proportional with the relative importance which the originally affected part holds in the essential vital operations of the system. For instance, a primary affection of the stomach, heart, lungs, and brain, produces more constitutional disturbance than a lesion in either of the extremities. There is also much difference in the results dependent upon the strong sympathetic influence the affected part sustains over the organs of the body. An affected part which has a strong intercommunication with an essential vital organ is more dangerous, and requires more watchful care, than an affection differently located. In illustration of this position, it may be mentioned that an abscess or ulcer situated in either of the extremities, all other circumstances being equal, is less dangerous than one situated in the chest or brain, or some of the chylopoietic viscera. In these cases, the influence they would exert, either by contiguous or remote sympathy with the vital organs, would be greater, exclusive of the greater importance of these parts themselves in the process of sustaining life. There is probably no one organ, except the nervous system, which possesses so wide a range of sympathy as the stomach. This viscus being the principal organ of assimilation in a state of health, sustains a high rank among the parts of the system essential to the support of life. But it is in diseases that its principal powers and relations are unfolded to view. "The phenomena of diseases demonstrate," said the learned Dr. E. Miller, "every day its connection with the heart and arteries, the brain, the lungs, the skin, the kidneys, the uterus, &c. The due understanding and recollection of these sympathies is not only of great importance in detecting the seats, causes, and nature of diseases, but quite as much so in directing the means of cure." (Vide Med. Works of Edward Miller, M.D. p. 153.) In all our attempts at a cure of empyema, as well as all other important local complaints having some lesion of the part, any derangement of the functions of the stomach, liver, or any of their coalatitious viscera, must be obviated to secure success. These cases, therefore, in addition to their local treatment, require all other parts of the system to be brought to a healthy standard. The constitutional treatment must, therefore, in each individual case, be adapted to the pathological state of the system. No precise rule can be laid down in these particulars. Tonics and aromatics are generally required: alteratives and narcotics may be. The nature of the existing functional derangement, if any, will direct the pathological practitioner, and no other except by accident, to the requisite remedial means.

Thus I have brought my remarks to a close upon the facts which have fallen under my observation in several cases of empyema. If they should in any instances lead to a more successful and rational mode of treatment, in such cases, than that which has been usually adopted, my intentions will be fully answered, my labor amply rewarded; for in sentiment, and in the language of Sydenham, I can say, "I have always thought it a

greater happiness to discover a certain method of curing even the slightest disease, than to accumulate the largest fortune; and whoever compasses the former, I esteem not only happier, but better, and wiser too."

If in my design I have failed in this undertaking, I hope I may have leave, with Van Swieten, to say,

"Vitavi denique culpam;
Non laudem merui."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 5, 1834.

BLANDIN'S TOPOGRAPHICAL ANATOMY.

The utility of topographical anatomy, or of the accurate description of the structure of the human body, considered in successive regions, is certainly too obvious to be disputed. To the practical surgeon, above all, this knowledge comes with an especial and permanent importance. To him the accurate study of the course of the muscles, of the vessels, of the nerves, &c. would be almost useless, did he not also examine the relations of these and other parts at particular points, in order thence to deduce the objects to be aimed at, the direction to be pursued, the dangers to be shunned, when he comes with his scalpel or his bistoury to invade this delicate labyrinth. Such being the high character of this branch of anatomy, an attempt to simplify and improve it deserves to be cordially welcomed by the profession; and though announcing no new discoveries of curious facts, or latent principles, if it profess to arrange those already in existence, so as to facilitate their acquisition, should be favorably received and candidly examined. We regret that Dr. Doane should not have mentioned particularly, for the information of the unlearned, what peculiar claims his author has on the confidence of the public, and what opinions have been expressed of his work by judges abroad; for although we may feel bound to try it by our own conclusions and not by the decisions of others, yet this species of information imparts greater interest to the examination of a work, and where we are compelled to see it through the medium of a *translation*, really enables us to do it better justice. As it is, the author hardly stands on as fair ground as he would do, could he come before us in his own person; since, even then, his modesty would probably not prevent him from stating what peculiar circumstances had led him to turn his attention to this particular department of the science, and what was the deficiency in existing works which it was his intention to supply. On the other hand the translator may with perfect propriety say that for his author, which it would be regarded as evidence of vanity for the latter to say for himself: and this is but a fair equivalent for the disadvantage suffered in being made to appear in a foreign garb. Of this, however, Dr. Doane has not thought proper to avail himself, and seems to be willing that both the original and his version should be judged upon their own merits. Whether adequate justice is done to M. Blandin by the expression given to his ideas, we are not able to say; but we think the style occasionally deficient in clearness, and that it now and then betrays a foreign idiom. An example of this, we think, may be traced

in the course of the introductory remarks. Speaking of the division of the science of organized bodies into its different branches, it is observed, "Sometimes this science treats particularly of their classes, their manners and their habits; sometimes of their structure; finally, sometimes it points out only the action of their organs, in natural history, anatomy, or physiology, sciences which, although very distinct, present many points of resemblance." The meaning undoubtedly is, that these three sciences treat respectively of the subjects alluded to; but the inference from the language here adopted would be, that all of them were concerned in treating the last. Other errors of this kind might be pointed out, but which it would be the more invidous to notice, as it is impossible to determine, without having the author's work, what share is due to the original, and what to the translation. But in order to present a fair specimen of the author's manner of treating some of the abstruse and more difficult topics of physiology, we subjoin the following remarks on the vexata questio of the causes of monstrosities.

"Such is man during his existence, and when his system is regularly developed; but this is not always the case; sometimes the cause of the development is suddenly arrested, although we are unable to account for this curious phenomenon.

Hence the changes which constitute *monstrosities*; changes which may affect parts of the body, or the whole individual. We shall consider them here in this latter respect. The infinite number of stages through which man passes to arrive at the perfect state, measures exactly the infinite variety of these general monstrosities, because the irregular formation always resembles one of these stages; instances are not wanting in support of this ingenious theory of monstrosities. Is it not because the fetus has been arrested at the commencement of its development, that the semi-organized masses, termed moles, are formed in the uterus? and do not these false developments, when arrested at a later period, cause acephalous fetuses, &c., and leave to certain full grown fetuses some resemblance with the lower animals; giving rise to those trivial but remarkable histories that women have brought forth animals? I am aware that certain monstrosities cannot be explained on this principle, but this only proves that many causes concur to produce these deviations, and it is no reason why the theory should be rejected; in the present state of the science, this conduct would be absurd, not only because the theory of arrested development holds true with most cases, but also because it is connected with the known laws of the organism, and because certain monstrosities could have been produced in no other manner. In other cases, the normal formation of man is deranged in a measure, by an excess of development, and supernumerary parts are formed, or the parts are unusually large.

Such are the general causes which act upon the organism from its beginning; but in order to have a complete idea of these changes, we must add, that female monsters are much more numerous than males; that one deviation often causes another; hence, Beclard has asserted that the absence of a part of the nervous system often prevents the formation of nerves, and consequently of the organs influenced by these in the normal state. The effect, however, may have been taken for the cause; this, at least, would seem demonstrated by the cases mentioned by Serres, who has also cited others, which show that the nerves and their centres of origin are more independent in their formation than has been admitted.

The absence of one part consequently causes the absence of the corresponding part of the sanguineous system; the reverse does not seem to be true, as Serres asserts; for the vessels arise in the organs, and never extend to form them. Finally, two organisms are sometimes more or less perfectly united, and what is more strange, one of them may contain the other. Sometimes these anomalies are simple, and are compatible with life; in other cases, they are complex, some of the essential organs are deficient, and the infant dies at birth."

We ought not omit, however, to pay a tribute of just praise to the excellent manner in which the mechanical part of the work is executed. The type and paper are of the very best quality which has appeared in any medical work in this country. The plates are beautifully lithographed, and do honor to the artist and the arts. If any fault is to be found, it is that one or two affect rather too much display of parts, which might as well, for decency, be rendered rather less obvious: a fault which exists in many of the works published abroad, and which we were sorry to see that Dr. Doane allowed himself to transfer, in all its enormity, to the edition of Maygrier published under his name. Such exhibitions do not subserve the cause of science, or the interests of morality, and when brought out under the sanction of medical works, tend to throw a stigma on the profession, which of all others they have most to deprecate, that of being willing to obtrude on the public, in a disgusting and licentious form, objects, which propriety and the interests of virtue require to be kept veiled. There are abundant sources of depravity already in existence, to make it unnecessary for medical works to become the vehicles of obscenity, under the pretence of conveying knowledge on medical subjects. That such could have been the intention either of the author or translator of the respectable book alluded to, we do not believe; but such a construction may be put upon the facts in the case, and we heartily wish, therefore, that the good taste of the American publishers had led them to depart, in this respect, from the example furnished them. In the mean time, perhaps, it may not be useless to them to know, that many respectable physicians have declined recommending this work to their students on the very ground here alluded to; and it is impossible that a work should be popular, which affords any ground for suspicion in regard to the purity of the motives with which it may be consulted. As, however, this style of illustrations has met with censure from other sources, and individuals of the highest character have publicly expressed their disapprobation, we should, perhaps, have avoided alluding to the subject, did we not feel that our duty as journalists called on us for an expression of opinion, wherever silence might be construed into acquiescence:—

Judex damnatur cum nocens absolvitur.

In conclusion, we think, with the single exception alluded to, the thanks of the profession are due to Dr. Doane, for rendering works of the very respectable character of that before us accessible to their perusal. The office of a translator is attended with little profit and less fame, but if well and faithfully performed, is honorable for its usefulness.

DEATH OF BOYER.—SICKNESS OF BARON DUPUYTREN.

This distinguished surgeon died at Paris on the 22nd of November last. He was the oldest of the surgeons of Paris; and so averse was he to parade and show that he expressly directed in his will that his funeral

should be private, and no funeral oration pronounced over his remains. Baron Boyer was chief surgeon of the Hospital La Charité, and the author of several works well known to the profession. The circumstances of his death were rather singular, and may, perhaps, be instructive. He had been subject for many years to nephritic pains. On the Friday preceding his death, these pains recurred with unwonted severity, and he applied forty leeches to the lumbar region. On Saturday he applied fifty [illegible] which reduced the venerable man to such a state of weakness, that the following day his frame sunk forever.

The indefatigable Dupuytren is also laboring under a paralytic affection of one side, that incapacitates him for operating and lecturing.

The Meteorological Table for February, and several Communications, are received, but their insertion is unavoidably deferred till next week.

The Publisher of the Boston Medical and Surgical Journal is authorized by the following distinguished Physicians to express to the Profession their favorable opinion of the plan and character of the work.

John C. Warren, M.D. *Prof. Anatomy and Surgery in Harvard University.*
John Ware, M.D. *Adjunct Prof. Theory and Practice of Physic.*
Jacob Bigelow, M.D. *Professor Materia Medica.*
Samuel B. Woodward, M.D. *Superintendent State Lunatic Hospital, Worcester.*
Walter Channing, M.D. *Prof. Midwifery and Medical Jurisprudence.*
William Ingalls, M.D. *Boston.*
James Jackson, M.D. *Professor Theory and Practice of Physic.*
John Randall, M.D. *do.*
John B. Brown, M.D. *do.*
George Hayward, M.D. *do.*

Since the commencement of the Tenth Volume, very flattering recommendations have been received from leading members of the profession in other States. In this place there is room only to insert the following. These, with others, will at a future time be printed on a separate sheet.

New York, February 18, 1834.

Having been a subscriber to the Boston Medical and Surgical Journal from its commencement to the present time, I cheerfully bear my testimony to the general merits of the work, as containing an excellent summary of medical literature both foreign and domestic, besides many original articles in the various departments of medicine and surgery.

David Hosack, M.D.

The undersigned fully concurs in Dr. Hosack's opinion, respecting the merits of the Boston Medical and Surgical Journal.

Martyn Paine, M.D.

New York, February 21, 1834.

The plan upon which the Boston Medical and Surgical Journal is conducted, is in my opinion much better calculated to supply the wants of the busy professional man, than the larger and less frequently published periodicals. I have taken it for several years, and must say, that in my estimation, its merits far exceed its pretensions.

New York, February 25, 1834.

Moore Hoit, M.D.

Whole number of deaths in Boston for the week ending March 1, 34. Males, 10—Females, 14.
Of born, 1—consumption, 6—lung fever, 3—inflammation of the brain, 1—old age, 1—inflammation of the bowels, 1—convulsions, 2—hooping cough, 1—croup, 2—dysentery, 1—canker, 1—intemperance, 1—inflammation of the lungs, 1—scarlet fever, 1—mortification, 1.

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Feb 19 ep

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